

Post General Report 10-2-2010 - 11-20-2010

FEC  
FORM 3X

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2011 JAN 10 AM 11:36

FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PEOPLE'S LOBBY

ADDRESS (number and street)

PO BOX 41636

Check if different than previously reported. (ACC)

Plymouth

MA

05441

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS REPORT

☐

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM

DD

YYYY

in the State of

MA

(d) 30-Day POST-Election Report for the:

☒ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM

DD

YYYY

in the State of

MA

5. Covering Period

MM

DD

YYYY

through

MM

DD

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Edward Gross

Signature of Treasurer

*Edward Gross*

Date

MM

DD

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

People's Lobby

Report Covering the Period:

From:

10 / 03 / 2010

To:

11 / 22 / 2010

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand  
January 1,

2010

512.00

(b) Cash on Hand at  
Beginning of Reporting Period.....

518

(c) Total Receipts (from Line 19) .....

00

260

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

518

7. Total Disbursements (from Line 31) .....

000

254.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)) .....

518

518

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

000

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

5,260.00

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name,

People's Lobby

Report Covering the Period:

From:

10 ' 02 ' 2010

To:

10 ' 32 ' 2010

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)..... ►

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5)..... ►

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19)..... ►

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# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

21. Operating Expenditures:  
 (a) Allocated Federal/Non-Federal  
 Activity (from Schedule H4)  
 (i) Federal Share .....

000

000

- (ii) Non-Federal Share .....

000

000

- (b) Other Federal Operating  
 Expenditures .....

000

250

- (c) Total Operating Expenditures  
 (add 21(a)(i), (a)(ii), and (b)) .....

000

250

22. Transfers to Affiliated/Other Party  
 Committees .....

000

000

23. Contributions to  
 Federal Candidates/Committees  
 and Other Political Committees .....

000

000

24. Independent Expenditures  
 (use Schedule E) .....

000

000

25. Coordinated Party Expenditures  
 (2 U.S.C. §441a(d))  
 (use Schedule F) .....

000

000

26. Loan Repayments Made .....

000

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27. Loans Made .....

000

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28. Refunds of Contributions To:  
 (a) Individuals/Persons Other  
 Than Political Committees .....

000

000

- (b) Political Party Committees .....

000

000

- (c) Other Political Committees  
 (such as PACs) .....

000

000

- (d) Total Contribution Refunds  
 (add Lines 28(a), (b), and (c)) .....

000

000

29. Other Disbursements .....

000

000

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity  
 (from Schedule H6)

- (i) Federal Share .....

000

000

- (ii) "Levin" Share .....

000

000

- (b) Federal Election Activity Paid Entirely  
 With Federal Funds .....

000

000

- (c) Total Federal Election Activity (add ..  
 Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

000

000

31. Total Disbursements (add Lines 21(c), 22,  
 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

000

000

32. Total Federal Disbursements  
 (subtract Line 21(a)(ii) and Line 30(a)(ii)  
 from Line 31) .....

000

000

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ►
37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ►

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0.00
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250
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554

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*People's Lottery*

Full Name (Last, First, Middle Initial)

Mailing Address

*— none —*

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

☒ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

☒ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

☒ C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/  /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

11030533786

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*People's Lobby*

Full Name (Last, First, Middle Initial)

A.

*None*

Date of Disbursement

/  /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/  /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/  /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

*000*

*000*

SCHEDULE C (FEC Form 3X)  
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE      OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
*People's Lobby*

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Faris, WAYNE, Personal Funds</i>	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>2335 Ansell Rd</i>	
City <i>Smethport</i> State <i>PA</i> ZIP Code <i>16801</i>	

Original Amount of Loan <i>1,000.00</i>	Cumulative Payment To Date <i>0.00</i>	Balance Outstanding at Close of This Period <i>1,000.00</i>
--	---	--

TERMS

Date Incurred <i>02/10/2009</i>	Date Due <i>N/A</i>	Interest Rate <i>00</i> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	------------------------	------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0.00</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0.00</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0.00</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0.00</i>

SUBTOTALS This Period This Page (optional) .....	<i>1,000.00</i>
TOTALS This Period (last page in this line only) .....	<i>1,000.00</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	



SCHEDULE C (FEC Form 3X)  
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE      OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
*People's Lobby*

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Cross, Edward Personal Funds</i>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>P.O. Box 41901</i>	
City <i>Plymouth</i> State <i>MA</i> ZIP Code <i>01901</i>	

Original Amount of Loan <i>4000</i>	Cumulative Payment To Date <i>000</i>	Balance Outstanding at Close of This Period <i>4000</i>
--	--	--

TERMS

Date Incurred <i>02/10/2009</i>	Date Due <i>02/01/2010</i>	Interest Rate <i>00</i> % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	-------------------------------	------------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0000</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0000</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0000</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0000</i>

SUBTOTALS This Period This Page (optional).....	<i>0000</i>
TOTALS This Period (last page in this line only).....	<i>0000</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

People's Lobby

LOAN SOURCE Full Name (Last, First, Middle Initial)

Gross, Edward Personal Fund

Mailing Address

P.O. Box 41901

City

Plymouth

State MN

ZIP Code

55941

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

260.00

000.00

260.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07/01/2010

MM/YY

07/01/2010

MM/YY

07/01/2010

MM/YY

00%

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

People's Lobby

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☒

Generic Voter Drive ☒

Public Communications Referencing Party Only ☐

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 11/3/10
Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark


<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

  
PREPARER  
(3/2005)

11/10/10  
DATE PREPARED

11030533792